PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999										09/544.314				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ALL PE	ENTITY	OR		R THAN ENTITY	
FOR			NUMBER FILED			NUMBER	RA	TE	FEE	7	RATE	FEE		
B/	ASIC FEE								345.00	OR		690.00		
TC	OTAL CLAIMS		minus 20=			•	X\$			OR	X\$18=	1		
IN	DEPENDENT C	LAIMS				•	X3	 9=	 	1	X78=	 		
MULTIPLE DEPENDENT CLAIM PRESENT										 	OR	X70=	 	
* If the difference in column 1 is less than zero, enter "0" in column 2								+13			OR	+260=		
CLAIMS AS AMENDED - PART II									AL	<u>. </u>	OR	TOTAL	00	
(Column 1) (Column 2) (Column 3)									LL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A	A	REM AF	AINING TER IDMENT	· ·	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		0	Minus	••	20	=	X\$ 9)=	,	OR	X\$18=		
	Independent	NITATIO	2	Minus	<u> </u>	3	-	X39	<u>.</u>		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+260=		
				•				TO ADDIT. I	TAL		OR.	TOTAL ADDIT, FEE		
- ,	William State and disc		ımn 1) AIMS			olumn 2)	(Column 3)							
AMENDMENT B		REM/	AINING TER DMENT		PA	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 1	0	Minus	••	20	=	X\$ 9	=		ОЯ	X\$18=		
	Independent FIRST PRESE	NTATIO	N OF MI	Minus JLTIPLE DEF	END	3 ENT CLAIM		X39	=		OR	X78=		
·								+130	=		OR	+260=		
•								TO:			OR A	TOTAL DOIT. FEE		
- 7	Ta Receive to	(Colu	mn 1) NMS	le en en en en		olumn 2)	(Column 3)					٠	à	
AMENDMENT C		REMA AF	uning TER DMENT		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	. /-	3	Minus	**	20	=	X\$ 9:			OR	X\$18=	- 1 - 1	
	Independent	• 3		Minus	***	3	=	X39=			ı			
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X78=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR	+260= TOTAL	<u> </u>	
••••	the "Highest Nur The "Highest Num	mber Pre	viously Pa	iid For' IN THI:	S SPA	CE is less tha	n 3 enter *3 *	ADDIT. F	EE L			DDIT. FEE		

Application or Docket Number